

* Each section below to be filled out by
whomever performing work. Must be owner
or licensed contractor. Address, company
name & phone must match information on
license.

Application # 17629

Harnett County Central Permitting
PO Box 85 Lillington, NC 27546
Telephone Number 910-893-7525 www.harnett.org
Application for Building and Trade Permit

Owner's Name: S+K Homes Date: 5-25-07
Address: 4609 Forest Highland Dr. Raleigh, NC 27604 Phone: 919-625-0363
Directions to job site from Lillington: 27 W / (D) on Appleton Way

Subdivision: Laurel Valley Lot: 44

Construction Type: (Please Check)
 New Moved House Renovation Addition Other
Building Use: (Please Check)
 Residential Commercial Multi-Family
 Modular

Total Project Cost: _____ Description of Proposed Work: _____
General Contractor Information
Heated SF 235 Crawl Space () Building Construction Cost \$ 101,000
Unheated SF 576 Slab (X) Acres Disturbed _____ Stories 1
Steve Jernigan Telephone 919-625-0363

Building Contractor's Company Name Steve Jernigan Telephone 53365
4609 Forest Highland Dr., Raleigh, NC 27604 License #
Address _____

Signature of Owner/Contractor/Officer(s) of Corporation - Must sign back of form & workers comp
Steve Jernigan

Electrical Permit Information
Description of Work New Electrical Cost \$ _____
TS Pole: Yes (X) No () Underground (X) Overhead ()
Permanent Service: Underground (X) Overhead () Service Size: 200 Amps
Wester & Pace Telephone 919-499-5389

Electrical Contractor's Company Name Wester & Pace Telephone 1200-76
546 Leslie Dr. Sanford, NC License #
Address _____

Signature of Officer(s) of Corporation
William Wester

Mechanical Permit Information
Description of Work New Mechanical Cost \$ _____
Number of Units 1 Type System Heat Pump
Jacksons Heating + Air Telephone 910-891-5410

Mechanical Contractor's Company Name Jacksons Heating + Air Telephone 23670
PO Box 82 Benson, NC License #
Address _____
Signature of Officer(s) of Corporation
David Jackson

Plumbing Permit Information
Description of Work New Plumbing Cost \$ _____
Number of Baths 2
L.R. Glover Plumbing Inc. Telephone 910-820-0026

Plumbing Contractor's Company Name L.R. Glover Plumbing Inc. Telephone 07958
PO Box 764 Benson, NC 27504 License #
Address _____

Signature of Officer(s) of Corporation
Lee Glover
Insulation Permit Information Residential () Other () Not Required ()
TRI CITY Insulation 418 Person St. Fay, NC Telephone 910-486-8855
Insulation Contractor's Company Name & Address

Sprinkler System Information - Commercial

Sprinkler Contractor's Company Name

Telephone

Contact Person

Address

License #

Signature of Officer(s) of Corporation

Fire Alarm System Information - Commercial

Fire Alarm Contractor's Company Name

Telephone

Contact Person

Address

License #

Signature of Officer(s) of Corporation

Driveway Access

NC Department of Transportation Driveway Access/Permit? Yes ___ No ___

I hereby certify that I have the authority to make necessary application, that the application is correct and that the construction will conform to the regulations in the Building, Electrical, Plumbing and Mechanical codes, and the Harnett County Zoning Ordinance. I state the information on the above contractors is correct as known to me and if any changes occur including listed contractors, site plan, building and trade plans, Environmental Health permit changes or proposed use changes, I certify it is my responsibility to notify the Harnett County Central Permitting Department of any and all changes.

She Jevji

Signature of Owner/Contractor/Officer(s) of Corporation

5-25-07

Date

**Affidavit for Worker's Compensation
N.C.G.S. 87-14**

The undersigned applicant for Building Permit # _____ being the:

Contractor

Owner

Officer/Agent of the Contractor or Owner

Do hereby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work set forth in the permit:

Has/have three (3) or more employees and has/have obtained workers' compensation insurance to cover them.

Has/have one (1) or more subcontractors(s) and has/have obtained workers' compensation insurance to cover them.

Has/have one (1) or more subcontractors(s) who has/have their own policy of workers' compensation insurance covering themselves.

Has/have not more than two (2) employees and no subcontractors.

While working on the project for which this permit is sought it is understood that the Central Permitting Department issuing the permit may require certificates of coverage of worker's compensation insurance prior to issuance of the permit and at any time during the permitted work from any person, firm or corporation carrying out the work.

Firm Name: S+K Homes

By/Title: Steve Jurgin

Date: 5-25-07

Plan Box Number F-5

Job Name S. & K. Homes

Date: 5-30-07

Required Inspections for SFA/SFD

Appl. # 07500 17629
Valuation \$187,832
Sq. Feet 2891'

Sequence

10	<u>✓</u>	R* Bldg. Footing
10-30	<u>✓</u>	R* Elec. Temp Service Pole
20	<u>✓</u>	R* Building Foundation
20	<u>✓</u>	Address Confirmation
30-999		Open Floor
30-999	<u>✓</u>	R* Bldg. Slab Insp.
30-999		R* Elec. Under Slab
30-999	<u>✓</u>	R*Plumb. Under Slab
40		Four Trade Rough In
40	<u>✓</u>	Four Trade Rough In > 2500
40		Three Trade Rough In
40		Three Trade Rough In > 2500
40		Two Trade Rough In
40		Two Trade Rough In > 2500
40		One Trade Rough In
40		One Trade Rough In > 2500
50	<u>✓</u>	R* Insulation
60		Four Trade Final
60	<u>✓</u>	Four Trade Final > 2500
60		Three Trade Final
60		Three Trade Final > 2500
60		Two Trade Final
60		Two Trade Final > 2500
60		One Trade Final
60		One Trade Final > 2500
999	<u>✓</u>	Envir. Operations Permit